Office of U.S. Senator Mary L. Landrieu

APPLICATION FOR ADMISSION TO SERVICE ACADEMY

Name		Pnone			
Address, City, State, Zip)				
SSN	DOB/_	/_			
Birth City					
High School	-	Graduation Date			
GPA Clas	ss Rank	out of			
Height ft in.	Weight	_lbs.	Do you we	ear glasses? Yes	/ No
Name & Occupation of Parents	Father:				
	Mother:				
List Academy choices in					
1 2.		_ 3		_ 4	
Have you submitted otl	ner applications?	Yes	/ No		
Are you interested in a	military career?	Yes	/ No		
Attach hereto a snapsh	ot or photo of your	self and	mail this app	olication to:	
Non	ninations Coordinator, O Federal C 707 Florida S Baton Rou	Court Hous treet, Roor	e n 326	rieu	
Signature			Date	/ /	